



# Lake Stevens Police Department

## Detail

Print Date/Time: 12/09/2016 10:48  
Login ID: ss0139  
Case Number: 2016-00023728

ORI Number: Lake Stevens Police Department  
WA0311900

### Case Details:

Case Number:	2016-00023728	Incident Type:	Collision
Location:	103RD AVE SE ,WA	Occured From:	11/29/2016 13:55
		Occured Thru:	11/30/2016 16:00
		Reported Date:	11/29/2016 13:59 Tuesday
Reporting Officer ID:	SS0144-Michael	Status:	Closed
Disposition:	Insufficient	Disposition Date:	12/05/2016
		Status Date:	11/30/2016

Assigned Officer	Assignment Date/Time	Assignment Type	Assigned By Officer	Due Date/Time
------------------	----------------------	-----------------	---------------------	---------------

<u>Associated Cases</u>	<u>Status</u>	<u>Assisting ORIs</u>	<u>Role</u>
<u>Modus Operandi</u>		<u>Solvability Factors</u>	<u>Weight</u>

### Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
-----	-----------	------------	---------	-------------	--------

### Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Driver	1	SMILEY, TESSA WAHINEHULA	507 PEARL ST  Snohomish,WA 982903030	(425) 829-0041	Unknown	Female	05/27/1998  18

### Subject # 1-Driver

Primary:	No						
Name:	SMILEY, TESSA WAHINEHULA	Race:	Unknown	Sex:	Female	DOB:	05/27/1998
Address:	507 PEARL ST	Height:	5ft 6 in	Weight:	205.0 lbs.		
	Snohomish WA 982903030	Eyes:	BRO	Hair:	BLK	Age:	18
Primary Phone:	(425) 829-0041	DVL #:	SMILETW029 K7	State:	WA		

### Arrests

Arrest No.	Name	Address	Date/Time	Type	Age
------------	------	---------	-----------	------	-----

### Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

### Vehicles

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
-----	------	--------------	------	------	-------	-------	---------------	-------




# Lake Stevens Police Department Detail

**Print Date/Time:** 12/09/2016 10:48  
**Login ID:** ss0139  
**Case Number:** 2016-00023728

**ORI Number:** Lake Stevens Police Department  
WA0311900

- ☐ Liquor Board
- ☐ Dawson Place
- ☐ Juvenile Court
- ☐ Juvenile Prosecutor
- ☐ Mental Health
- ☐ APS
- ☐ District Court
- ☐ Municipal Court
- ☐ DOL
- ☐ CPS
- ☐ Other \_\_\_\_\_
- ☐ City Attorney
- ☐ County Prosecutor
- ☐ Federal Prosecutor
- ☐ Domestic Violence Unit
- ☐ City Prosecutor
- ☐ Detectives

SS Case, Officer: ss0144, Supervisor: ss0079, Merged By: ss0143

 <b>LAKE STEVENS POLICE DEPARTMENT</b> 2211 Grade Rd Lake Stevens, WA 98258 (425) 334-9537	<b>Initial Case Report</b>
	<b>Case Report # 2016-00023728</b>

<b>EVENT</b>	OCCURRED INCIDENT TYPE <b>Collision</b>		DATE/TIME REPORTED <b>11/29/2016 13:59</b>		ASSOCIATED CASES	
	LOCATION OF OCCURRENCE <b>103RD AVE SE LAKE STEVENS, WA 98258</b>		OCCURRED DATE/TIME <b>11/29/2016 13:55</b>			
			OCCURRED THROUGH <b>11/30/2016 16:00</b>			
	<b>OFFENSES</b>	STATUTE / DESCRIPTION				Counts
<b>SUBJECT</b>	<input type="checkbox"/> NON-DISCLOSURE					
	SUBJECT TYPE <b>Driver</b>		NAME <b>Adult / SMILEY, TESSA WAHINEHULA</b>			DOB / AGE RANGE <b>5/27/1998</b>
	ADDRESS <b>507 PEARL ST SNOHOMISH, WA 98290</b>				PRIMARY PHONE	
					SECONDARY PHONE	
	RACE <b>Hawaiian - Pacific Islander</b>	SEX <b>Female</b>	HEIGHT <b>5' 6</b>	WEIGHT <b>195</b>	HAIR <b>BLK</b>	EYE <b>BRO</b>
	DL NUMBER <b>SMILETW029K7</b>		DL STATE <b>WA</b>		EMPLOYER	
<b>SUBJECT</b>	<input type="checkbox"/> NON-DISCLOSURE					
	SUBJECT TYPE		NAME			DOB / AGE RANGE
	ADDRESS				PRIMARY PHONE	
					SECONDARY PHONE	
	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYE
	DL NUMBER		DL STATE		EMPLOYER	
<b>VEHICLE</b>	PROPERTY CODE			YEAR	COLOR	
	TYPE / MAKE / MODEL /					
	PLATE	STATE	VIN			VALUE
	DESCRIPTION					
<b>PROPERTY</b>	PROPERTY CODE					
	SERIAL NUMBER		QTY/UNIT OF MEASURE		VALUE	COLOR
	TYPE / MAKE / MODEL /					
	DESCRIPTION					

REPORTING OFFICER / ID # <b>Michael, Alexander</b>	SS0144	APPROVING SUPERVISOR <b>Summers, Bob</b>
---	--------	---

Complete report details do not print in this format.

**LAKE STEVENS POLICE DEPARTMENT**

2211 Grade Rd  
Lake Stevens, WA 98258  
(425) 334-9537

**Initial Case Report**Case Report # **2016-00023728****NARRATIVE**

On (11-29-16) at approximately (1401) hrs., I, Alex Michael, was assigned to patrol in the city of Lake Stevens, WA. I was operating a fully marked patrol car with large reflective words "POLICE" on both the driver and passenger side of the vehicle. My patrol vehicle has an attached overhead emergency light bar with both red and blue LED lighting. During patrol, I was wearing a uniform with department patches on each shoulder and the word "Police" on the back.

I was dispatched to a collision in the 2600 block of 103rd Ave SE. I arrived on scene and saw that a Subaru Forester had left the west side of 103rd Ave and had crashed through a fence and Frontier phone box. The vehicle had been driven by Tessa Smiley who I identified via her WA state drivers license.

Tessa told me that she had been driving down the hill of 103rd ave and had hit a bump in the road. She had lost control of her vehicle approximately 150 yards after and up the other side of the hill of 103rd Ave and had crashed through the fence.

While I was doing the collision paperwork for Smiley, Ofc. Christensen noticed a faint odor of marijuana and asked Smiley if she had any on her. Smiley produced a glass pipe from her bra and gave it to Ofc. Christensen who in turn gave it to me.

The pipe has been submitted into evidence for destruction as Smiley was 18 years old at the time of the contact.

She was issued an NOI for speeds too fast for conditions and her vehicle was towed from the scene.

Case status is inactive.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Alex Michael #144  
Officer

11/30/2016  
Date

Lake Stevens, WA  
Location Signed

This report was submitted from an electronic device owned, issued, or maintained by a law enforcement agency using my user ID and password. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

REPORTING OFFICER / ID # <b>Michael, Alexander</b> <b>SS0144</b>	APPROVING SUPERVISOR <b>Summers, Bob</b>
LOCATION SIGNED <b>Snohomish County, WA</b>	DATE SIGNED <b>11/30/2016</b>

This officer's narrative is complete when an approving supervisor's name is attached. Complete report details do not print in this format.

13728 Page 2 OF 2

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E614488**CASE # **2016-00023728**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS**03**OBJECT  
STRUCK**FENCE**TRIBAL  
RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	<b>11</b>	<b>29</b>	<b>2016</b>	<b>1400</b>	<b>31</b>						<b>N</b>	<b>E</b>	<b>IN</b>	<b>0664</b>

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☒NON-INTERSECTION ☐**103RD AVE SE**BLOCK NO. ☒**2600**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

		MILES	<b>N</b>	<b>E</b>	<b>26TH ST SE</b>
		FEET	<b>S</b>	<b>W</b>	

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

**D: 4258290041**

LAST NAME

**SMILEY**

FIRST NAME

**TESSA**MIDDLE  
INITIAL**W**STREET  
NEW ADDRESS**507 PEARL ST**

CITY

**SNOHOMISH**

ST

**WA**

ZIP

**982903030**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #**SMILETW029K7**

STATE

**WA**

SEX

**F**D.O.B.  
MMDDYYYY**05****27****1998**ON DUTY ☐

STATUS

AIRBAG

**2**

RESTR.

**4**

EJECT

**1**HELMET  
USE**1**INJURY  
CLASS**1**

NATURE OF INJURIES

LICENSE  
PLATE #**ANP2120**

STATE

**WA**

VIN#

**JF1SF6350XH748671**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**1999**

MAKE

**SUBA**

MODEL

**FORSTR**

STYLE

**UT**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

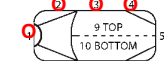
GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **TESSA SMILEY 507 PEARL ST SNOHOMISH WA 98290**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY #**AMERICAN FAMILY 41006-04675-57**VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR  
VEHICLE ☐PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☒DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME

**FRONTIER COMM**

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS**15 SOUTHWEST EVERETT MALL WAY UNIT D**

CITY

**EVERETT**

ST

**WA**

ZIP

**98204**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

**U**D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET  
USEINJURY  
CLASS

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☐

REGISTERED OWNER INFO.

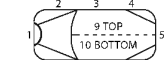
LIABILITY INSURANCE  
IN EFFECT ☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**A. MICHAEL #0144**

BADGE OR ID #

**0144**

AGENCY

**WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E614488**CASE # **2016-00023728**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

**NARRATIVE**

Driver of V1 was driving northbound on 103rd ave Se. She stated that drove over a bump in the road at the base of the a large hill and lost control. She then went off the road approximately 150 yards north of the bump and crashed through a fence on the west side of the road. She also hit a telephone box on the ground and uprooted it.

Driver of V1 issued NOI for speeds too fast for conditions.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**A. MICHAEL #0144**
**11-30-16 03:49 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**C. WELLS 0131**

DATE

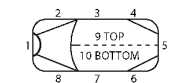
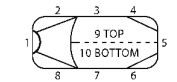
**12/1/2016 3:20:10 PM**

BADGE OR ID #	<b>0144</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:01 PM</b>	TIME POLICE ARRIVED	<b>2:05 PM</b>
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------


**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**


013197

**REPORT NO. E614488**
**CASE # 2016-00023728**
**COMMERCIAL MOTOR CARRIER**

 INTERSTATE ☐ INTRASTATE ☐
**UNIT #** ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
**CARRIER NAME**
**CARRIER ADDRESS**
**CITY**
**ST**
**ZIP**
**NAME SOURCE**
**# AXLES**
**GVWR**
**PLACARD**
**+**
**NAME IF NO NUMBER**
**ADDITIONAL UNITS**
**UNIT #** **3** **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☒ **DAMAGE THRESHOLD MET** **YES** ☒ **NO** ☐ **PHONE**
**LAST NAME**
**PUGET SOUND ENERGY**
**FIRST NAME**
**MIDDLE INITIAL**
**STREET NEW ADDRESS**
**10885 NE 4TH ST**
**CITY**
**BELLEVUE**
**ST**
**WA**
**ZIP**
**98004**
**CDL**
**RESTRICTIONS**
**ENDORSEMENTS**
**DRIVER'S LICENSE #**
**STATE**
**SEX**
**U**
**D.O.B.**
**MMDDYYYY**
**-**
**-**
**ON DUTY** ☐
**STATUS**
**AIRBAG**
**RESTR.**
**EJECT**
**HELMET USE**
**INJURY CLASS**
**NATURE OF INJURIES**
**LICENSE PLATE #**
**STATE**
**VIN#**
**TRAILER PLATE #**
**STATE**
**TRAILER PLATE #**
**STATE**
**VEH. YEAR**
**MAKE**
**MODEL**
**STYLE**
**VEHICLE TOWED**
**YES**
**NO**
**TOWED BY**
**GOVT. VEHICLE**
**YES**
**NO**
**REGISTERED OWNER INFO.**
**LIABILITY INSURANCE IN EFFECT**
**INSURANCE CO & POLICY #**
**VEHICLE LEGALLY STANDING**
**YES**
**NO**
**CITATION #**
**CHARGE**
**SHADE IN DAMAGED AREA**

**UNIT #** **3** **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE**
**LAST NAME**
**FIRST NAME**
**MIDDLE INITIAL**
**STREET NEW ADDRESS**
**CITY**
**ST**
**ZIP**
**CDL**
**RESTRICTIONS**
**ENDORSEMENTS**
**DRIVER'S LICENSE #**
**STATE**
**SEX**
**D.O.B.**
**MMDDYYYY**
**-**
**-**
**ON DUTY** ☐
**STATUS**
**AIRBAG**
**RESTR.**
**EJECT**
**HELMET USE**
**INJURY CLASS**
**NATURE OF INJURIES**
**LICENSE PLATE #**
**STATE**
**VIN#**
**TRAILER PLATE #**
**STATE**
**TRAILER PLATE #**
**STATE**
**VEH. YEAR**
**MAKE**
**MODEL**
**STYLE**
**VEHICLE TOWED**
**YES**
**NO**
**TOWED BY**
**GOVT. VEHICLE**
**YES**
**NO**
**REGISTERED OWNER INFO.**
**LIABILITY INSURANCE IN EFFECT**
**INSURANCE CO & POLICY #**
**VEHICLE LEGALLY STANDING**
**YES**
**NO**
**CITATION #**
**CHARGE**
**SHADE IN DAMAGED AREA**


I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**A. MICHAEL #0144**
**11-30-16 03:49 PM**

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

**BADGE OR ID #**
**0144**
**ORI #**
**WA0311900**
**APPROVED BY**
**WELLS**
**DATE**
**12/1/2016**
**PAGE**
**3**
**OF**
**4**

REPORT NO. E614488

CASE # 2016-00023728

DATE AND TIME  
OF COLLISION 11/29/16 14:00

